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THE CHIRONIAN.

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WE are pleased to note that the suggestion of Dr. R. E. Hinman, in his communication of December 15th to THE CHIRONIAN, has been acted upon by the Hahnemannian Society, and that Dr. Allen is to give a lecture upon the Principles of Homœopathy at its next meeting.

It is, no doubt, needless to ask for a large attendance of the students on this occasion, as the subject is one of vital importance to every student of our College, and is a topic about which we can never know too much.

Beside the great interest that this subject is to us, the name of the lecturer is all-sufficient evidence that the lecture will more than repay the students for one evening's absence from books and college duties. Consequently, it is to be hoped that every student of our College will avail himself of this opportunity, whether he be a member of the Hahnemannian Society or not.

IT has been noted and spoken of, by quite a number of the students, that there are several men who make it a practice to keep track of the progress of a quiz by constant reference to their open books

This does not apply alone to those who are trying hard to keep "right side up," but to several who have the name of standing high in the class.

The aim of a quiz is to recall and fasten points of previous lectures in the student's mind and to afford the professor an opportunity of obtaining an idea of what work the student is doing in his subject. But it is not to see how much of a topic a man can get, at a glance, out of his notes.

It is true that, in some cases, the books are left open carelessly and no advantage taken of them; yet many students feel that it is not fair to those who rely entirely upon their memory for a good result in the quiz.

If one student can have his book open, when it should be closed, why can not the rest do likewise?

And if this should become general, what use would there be in having a quiz? As before stated, we feel sure that all of those who keep their notes open during the quiz do not read out of them as the questions begin to get dangerously personal, yet we think it is best to "avoid every appearance of evil."

For so sure as "actions speak louder than words," just so certain is a man with his notes open before him in a quiz, apt to be looked upon with distrust and at least misjudged.

And even though a failure is a "bitter pill to swallow," yet a man feels better for an honest but poor endeavor, than for an unfair advantage and a high mark.

SO far, the new plan of employing the first fifteen minutes of each lecture for a quiz,

has proved of more benefit to the students than even the most sanguine dared hope.

The fact has been brought out, however, that by the present arrangement of studies and the consequent crowded condition of the Senior work, that it is simply impossible to quiz on every subject and expect entirely satisfactory results. This was discovered, when the special topics were counted in the quizzing with the more important subjects.

It being then demonstrated, that in the attempt to cover all the ground comprised in the Senior year, there was danger of crippling the students in their work upon the principle subjects.

This was obviated, however, by dropping the quizzes on special work, thereby allowing more time for study on those topics demanding it.

It is to be hoped, that in the arrangement of studies for next year, they may be so planned that the Seniors will not be hampered by the amount of work demanded as at present.

Then better work can be done on each subject and the special studies can receive the attention they merit.

Premature Expulsion of the Ovum.

A LECTURE BY PROF. L. L. DANFORTH.

Reported.

THE term abortion or miscarriage is applied to all those cases of premature expulsion of the ovum which occur previous to the seventh month of gestation.

From the seventh month, when the child is viable (or capable of an independent existence), to full term, the expression premature delivery should be employed.

The term miscarriage is the more suitable to use in speaking with your lady patients, because the word abortion is usually associated in their minds with a criminal cause.

Abortion or miscarriage is very common, probably occurring in eighty-five per cent. of all women living in wedlock, at some time during their menstrual lives.

Causation.—The causes may be classified as follows:

- Material Causes.
  - Acting through the nervous system.
    - Mental shock,
    - Reflex irritation,
    - Over suckling,
    - Epilepsy,
    - Chorea.
  - Acting through the blood.
    - Malaria,
    - Syphilis,
    - Lead, Mercury, Other drugs,
    - Noxious gases,
    - Anæmia,
    - Plethora,
    - Albuminuria.
- Local.
  - Old adhesions,
  - Flexions,
  - Versions,
  - Cancer,
  - Lacerated cervix,
  - Atrophy of membranes,
  - Endo-metritis.
- Mechanical Effects.
  - Blows,
  - Falls,
  - Excessive coitis,
  - Fatigue,
  - Direct interference with the ovum,
  - Mechanical effects.
- Fœtal Causes.
  - Fatty degen. chorion and placenta.
  - Atheromatous degen. chorion and pl'ta.
  - Apoplexy of placenta.
  - Anything causing death of fœtus.
  - Diseases of the decidua.

Debauchery, drunkenness and excesses on the part of the father may also be considered a cause.

The attachment of the ovum to the uterine wall is less firm in the early months of pregnancy, before the complete formation of the placenta. Hence it is within the first four months of pregnancy that abortions are most common. The third and seventh months are especially critical times in the course of gestation.

Early abortions, occurring at the first or second months, may pass altogether unrecognized or only suspected.

An abortion occurring at the time of the first menstrual epoch after conception, or a few days later, is not usually serious, but occasionally, even at this early period, hemorrhage may be severe, and even exceedingly dangerous. At the second and third months the danger from this source is often extreme.

Abortions in the early months may be divided into two classes:

First.—Those in which the ovum is cast off entire, the fœtus remaining intact in the sac of the amnion. These cases are much more favorable than those under class second.

Second.—The fœtus passes off through the ruptured sac, while the secundines are retained in part or entire. The later the stage of pregnancy reached, the more nearly does the process resemble that of normal labor.

Symptoms.—In some cases the onset is very sudden, following, perhaps, an unusual mental shock or physical effort, while in others, prodromal symptoms precede for hours, or even days, the active phenomena which characterize the abortion. The following symptoms are usually present:

Persistent backache, with bearing down in the pelvis. Pains which come and go, and with these nervous sensations, such as rigors, faintness, malaise, pains in the head and often frequent desire for micturition. These symptoms continuing, the patient begins to flow and soon labor-like pains set in, which are frequently of great severity. On account of the immaturity of the uterus, early abortions are often exceedingly painful. The cervix dilates slowly, and the expulsive pains are distressing.

When attending a case of abortion always direct the attendant to preserve carefully all substances which have been thrown off during your absence, in order that you may be enabled to search for the fœtus or traces of the chorionic villi in the clots. Especially is this precaution necessary when pregnancy is suspected, the true nature of the case not being known.

An abortion may be *threatened* merely, or it may be *inevitable.*

In the former case our efforts should be directed to the preservation of the ovum, while in the latter, the process of emptying the uterus should be expedited in every way, consistent with safety to the mother.

The symptoms of threatened abortion are those which have already been mentioned, as characteristic of this accident.

All these subjective phenomena, conjoined with considerable hemorrhage, and even labor-like pains, are not inconsistent with a continuance of the pregnancy. In threatened abortions in the early months, before the formation of the placenta, the blood may come from the decidua vera, before the reflexa and vera have united; or the blood may come from lacerated utero-placental vessels. In the latter case, if the separation has not been too great, the pregnancy may continue. I have seen cases in which hemorrhage had been severe, quiet down and go to full term under rest and proper medication.

Inevitable abortion is indicated by great blood loss, persistent, rhythmical contractions of the uterus, combined with dilatation of the cervix-uteri and protrusion of a portion of the ovum, through the patulous os externum. Should the animotic sac have ruptured and the fœtus be found in the discharged clots, there can then of course be no doubt of the necessity for the speedy emptying of the uterus. Permanent cessation of hemorrhage and pain is very good evidence that all portions of the ovum have been cast off. In some cases hemorrhage is the first symptom to appear, and may be profuse, the whole ovum being cast off suddenly and entire. The blood loss is extreme, and the patient will be found presenting all the symptoms of syncope. The patient is pallid, with sunken eyes, pinched nostrils, with cold sweat on face and breast, yawning and sinking; pulse almost imperceptible. Patients rarely die from the immediate effects of abortion, the syncope being one of nature's safeguards against fatal hemorrhage.

TREATMENT.—The treatment may be divided into three classes: 1. Prophylaxis in habitual abortion. 2. Treatment of threatened abortion. 3. Management of inevitable abortion.

Prophylaxis.—In habitual abortion always investigate the cause and conform the treatment to the individual case. Among the predisposing causes are *syphilis, laceration of the cervix, anæmia, hydræmia, Albuminuria, diseases of the ovum, diseases of the endometrium* and *displacements of the uterus.* If no other cause assignable, always examine for displacement. The restoration of the uterus to its proper position will often save the contents.

Occasionally a patient will be met with who has miscarried repeatedly in successive pregnancies, and it seems impossible for the woman to carry the contents of the uterus to fruition. Such women are said to have the *habit* of aborting. I object to the use of the word *habit* as applied to such cases. The term is misleading. It should be remembered that in all cases of so-called habitual abortion there is some underlying cause which should be sought for and corrected before the patient will be able to give birth to a living child.

As Lusk says: "While the first abortion may have been due to some accidental cause, the sequence is often kept up by a morbid condition of the endometrium, generated by the shortness of the interval between the pregnancies, which does not allow the restoration of the membrane to a normal condition."

Temporary abstinence from sexual intercourse will do much towards the restoration of the uterus to a healthy state and afford time for treatment of the disease on which the unfortunate tendency depends.

In those cases of simple nerve-irritability of the uterus (hyperæsthesia of the organ), in which the tendency is to abortion, the utmost caution at the recurrence of the menstrual periods should be enjoined.

Treatment of threatened Abortion.—Pain in the back is always a suspicious symptom in a pregnant woman, and should warn the patient to abstain from her usual avocations. If this be combined with slight hemorrhage the patient should *at once be placed in the recumbent position in bed and kept perfectly quiet.* At the same time the indicated remedy should be administered. The following are some of those which may be indicated.

Acon.—Especially indicated in threatened abortion from fright or other emotional disturbances. Fear, anxiety, restlessness, rapid pulse, with dry, hot skin, etc. Aconite is an admirable remedy, and takes the place of morphia and the bromides, so much used in the old school. The element of fright is an important indication.

Opium.—Threatened abortion from fright or emotional disturbance, especially in the latter part of pregnancy. Tendency to drowsiness.

Belladonna.—No special cause. Backache as if it would break with feeling of great weight and bearing down in the pelvis. *Pains come and go quickly.* Flushed face, throbbing carotid, sleeplessness, with sudden startings. *Blood bright red and hot;* hemorrhage predominates.

Erigeron is useful when hemorrhage predominates, blood bright red; every movement of patient increases the flow.

Sabina.—Especially useful in abortions occurring at the *third* month. *Pains extend from promontory of the sacrum to the pubes.* Bearing down pains with hemorrhage, bright red or clotted and dark.

Kali Carb.—*Sharp, sticking* pains through the pelvis beginning in back and extending down the thighs. Weak pulse, exhausted state.

Caulo.—Useful in patients who habitually abort. Relaxed state of the uterus with teasing pains in the back. Feeble uterine contractions and slight hemorrhage.

Helonias.—Valuable uterine tonic in those who have previously aborted. Backache with bearing down pains. Slightest over-exertion or irritating emotion tends to cause loss of fœtus. Useful also, for many of the consequences of miscarriage.

Arnica.—Parts feel sore and bruised, perhaps, from excessive coitis. Blood bright red. When an injury, a fall, or a blow cause the threatened symptoms.

Ipecac.—Bright red profuse flow, with *nausea* accompanying every pain.

Chamomilla.—In *very* painful miscarriages; patient cannot endure the pain: restless and impatient. Blood dark and clotted.

Nux Vom.—Bearing-down pains, with frequent desire for micturition and stool.

Trillium —Abortions with excessive hemorrhage.

Vibernum Prun.—In the fluid extract it is a valuable uterine sedative. Puts a quietus on the uterine nerves, acting somewhat like opium. Very useful where patients have habitually aborted—where nerve irritability is the cause. Dose one-half to one teaspoonful of fluid ex-

tract, three or four times a day, in threatened abortions. Begin remedy two days before the date when woman has previously miscarried (say at third month), and continue past the critical period.

The *tampon* is sometimes a very efficient local means of checking hemorrhage from the uterus. Cotton-wool makes the best tampon (method of making tampon is shown). The cotton should previously be soaked thoroughly in a bi-chloride solution 1–2000, or strong carbolic solution and squeezed dry, and the vagina carefully cleansed. (Can use ordinary vinegar as an antiseptic, if nothing else is at hand.) The tampon is best applied through a Sims' speculum, and should be carefully packed around cervix. It should not be allowed to remain for more than six to eight hours, and the danger to retention of the hemorrhage within the uterus should be borne in mind in abortion occurring after the fourth month, when the uterus is considerably dilated.

Management of Inevitable Abortion.—In those favorable cases in which the ovum is cast off completely and at once, little treatment is necessary except rest in bed.

Restorative remedies like *China* may be useful when blood loss has been great. Fortunately, however, hemorrhage rarely assumes dangerous proportions when the ovum is cast off entire. Those cases in which the sac ruptures, with escape of liquor amnii and fœtus, are those which give the most trouble and anxiety.

The rule should be to keep hemorrhage within safe limits and empty the uterus as speedily as possible. If sac should not have ruptured, and it is in the cervix, be careful and keep it intact. If cervix is partly closed, hemorrhage profuse, and the fœtus is found in the blood *débris*, what is to be done? You may administer medicines like *Erigeron* or *Trillium;* apply cold cloths to the abdomen and vulva and wait for the hemorrhage to cease. The fluid extract of ergot is often given at this time, in dram doses, but I fancy this remedy, by its contractile power on the uterus, makes the emptying of the organ more difficult than it would be had the remedy not been given. It closes up the os instead of opening it, and forcing out the retained secundines. Ergot is, however, largely used to check hemorrhage, and especially by those who believe it a good plan to wait and allow Nature a chance to complete the task. In my opinion, the most effectual means of checking hemorrhage is to empty the uterus at once. This is the rule that I have followed, and I have never regretted prompt action. When I have finished my task, I leave my patient, with the assurance that she will have neither hemorrhage nor septic absorption. The index-finger of the right hand should be employed for this purpose. As the finger passes through the os and dilates it, the external hand should be used to depress the uterus through the hypogastrium, in order that the fundus may the more readily be reached. Sweeping the finger around within the uterine cavity, the secundines may *sometimes* be readily withdrawn. I say *sometimes*, but not always. There is no instrument equal to the finger when it can be successfully employed, but it often fails. Cervix too rigid, uterine cavity too contracted and finger *too short!* Must use some instrument. Nothing so useful as the small placental forceps. (Shown to the class.) With this instrument cervix can be dilated and any part of secundines, or whole mass may readily be removed without injury to uterus. Munde's curette or Thomas's blunt wire curette also good. This operation should always be done under strict antiseptic precautions, both of hands and instruments. After removal of secundines, interior of uterus may be swabbed out with a cotton probang saturated with the tincture of iodine, and squeezed nearly dry. Or an intra-uterine douche of hot carbolized water may be used. If patient is too weak from blood loss, may delay until condition is improved, checking further hemorrhage by a well-adjusted tampon, if necessary.

Management of Incomplete Abortion.—The ovum may be retained entire after the death of the fœtus, and weeks or months may elapse, after the first hemorrhage, before it is cast off. Such a condition may give rise to the belief that abortion is not to occur and that pregnancy is progressing in a normal manner. Lusk speaks

of a case where the dead ovum was retained three months after the first hemorrhage appeared.

More often there is retention of the secundines, either a small amount of placental débris alone or combined with the membranes; decomposition and putrefaction take place from the entrance of air in some manner. Absorption of putrid material usually takes place within the first three or four days. After this time protective granulations have formed over the placental site, thus diminishing the danger of the absorption of septic elements.

In some cases when a small amount of placental or decidual debris has been retained within the uterine cavity a placental polypus may form, which will vary in size from a walnut to a butternut. These bodies retain their integrity, at times even growing, and are likely to give rise to periodic attacks of hemorrhage. They are attached to the decidua and bleed on the slightest provocation, sometimes producing hemorrhage two or three months subsequent to the abortion.

A woman who has had a miscarriage should be kept in bed from seven to nine days, especially if the sanguineous flow persists and the uterus continues tender. Of all sources of uterine disease, none takes precedence of a mismanaged abortion. We should see to it, that involution goes on normally, and that the uterus is in proper position.

Criminal abortion is produced by all sorts of mechanical means, also by professional abortionists and it is frequently accompanied by symptoms of septicæmia. Physicians are often called in to complete what the abortionist or the woman's own sin has begun.

In these cases it is often necessary to employ tupelo tents to dilate the cervix, in order to evacuate the contents of the uterus. These are often exceedingly troublesome cases, as the fœtus is often thrown off first and everything else retained.—Whenever called to a case of inevitable abortion there is only one proper way of proceeding and that is to empty the uterus as speedily and safely as possible. Should the woman be in a dangerous condition from blood-loss or septicæmia, and you suspect criminality call in professional aid to protect yourself from unjust suspicions.

The Principles and Practice of Homœopathy.

S. LILIENTHAL.

DR. R. E. HINMAN gives us old fogies here a hard nut to crack, for he ought to know by this time that the practice of many a physician who swore allegiance to the law of Similia differs in many ways from the principles as laid down by the father of Homœopathy.

Nolens volens, we must therefore divide the subject, and let us see whether we cannot, in plain and simple Anglo-Saxon, give in a few words the Principles of Homœopathy. In fact, a lay brother, Count Freschi, gives them in a few sentences (*Revue Hom. Col'ge*, September, 1888): Give one remedy, which has been proved on a healthy person, in infinitesimal potency to the patient, whose symptoms in their totality correspond to the totality of the drug found by the provers; and *cito, tuto et jucundi* (beg pardon, in plain Anglo-Saxon it means: rapidly, safely and pleasantly), health will be restored.

This short sentence contains the essence of the shiboleth, Similia Similibus Curantur; and if our physicians would carry out more piously this law of nature, it would always be Curantur —"they are cured"—and we have Curentur— "they ought to be cured"—to those who love their drinks mixed.

Hahnemann, in his *Organon*, gives us this law of drug-action, as revealed to us through the different constitutions and temperaments of the provers; and as there are in every proving many symptoms not as important as others, he wants to impress into our memory the *peculiar, uncommon symptoms*, by which a drug becomes an individuality, differing by these peculiar symptoms from every other drug.

Guernsey calls them key-notes; Hering, guid-

ing symptoms ; and we cannot do better than to follow the lead of such guiding stars.

Even the allopathic school acknowledges that the physician must treat patients and not diseases, and it got that bit of wisdom from Hahnemann.

Efface from the *Organon* all the vituperations which that persecuted old man hurled against his adversaries, it is only miners' slag, but hold fast to the pure ore found in that volume.

We, all of us, delight in it that the adherents of other schools must borrow some of our ore, and they are welcome to it, but let us beware of inter-marriages or we may worship the golden calf of transmitted experience, guided by no law, and thus descend from the purity which Hahnemann has transmitted to us for the application of drugs.

In other words a pleurisy is a pleurisy, a rheumatism is a rheumatism, but the patient suffering from this or another disease will show in his own case peculiar, uncommon symptoms, by which it differs from similar cases, and comparing now this peculiar case with the drugs as given in the Materia Medica, he with confidence will select that drug which, among many other symptoms, has these symptoms peculiar to the disease, and a cure follows.

One remedy at a time, says the master. Why? Polypharmacy was the bane of the old school a hundred years ago ; recipes were handed down from antiquity, and their value increased according to the age.

For this and that disease it was highly recommended, but never a word said about the patient.

This angered the old man, and he did not mince words with enemies.

Who can say what cures and what experience do we gain when mixing or alternating drugs.

As a school we gain nothing by such practice, while a verification of a single drug adds another stone to the monument of a Materia Medica Pura, which we raise in His honor.

The infinitesimal doses are a bug-bear to the people and a hindrance to the spread of Homœopathy, only another proof how difficult it is to eradicate prejudices and superstitious beliefs.

Those parvules, granules, pellets, *et id omne genus* are no essentials to the Homœopathic doctrine, the small dose is only a necessary sequela, for our little dose acts only on the disordered functions of an organ, it only sets the ball in motion and allows nature to do the remainder.

Sledge-hammer blows would kill, when the action would fall on the affected part, and the old school uses its batteries and dynamite to any other part of the body except the suffering organs and hopes by such action to make the whole body sick, so that by chance in time a cure may follow.

One drug acting in its symptoms on the affected organ under the law of similarity, can only be given in a small dose, and it took even a Hahnemann sometime to gain this experience.

Here you have the *Organon* in a nutshell and plain enough for a child.

About the practice of Homœopathy let every physician make it up with his own conscience, how faithful he keeps the law and its corolaries.

Clinics at Helmuth House.

PROFESSOR HELMUTH.

December 1st. *Lupus Exedens.* Operation by multiple puncture and actual cautery.

December 8th. *Amputation of the Breast.* Adenoma.

December 10th. *Varicocele.* Excision of redundant scrotum.

December 12th. *Supra-Vaginal Hysterectomy.* Second laparotomy.

December 13th. *Circumcision,* for chorea.

December 13th. *Sarcoma of the Testicle, castration.*

December 15th. *Lupus.*

DECEMBER 1ST. OPERATION FOR LUPUS.

THE ulcer was situated on the left ala nasi, was oblong, about an inch and a quarter in its longer diameter, having abrupt walls, and being covered with a black scab. Professor Helmuth directed attention to the physical characteristics of this ulcer, and differentiated between it, rodent ulcer and epithelioma. The

case was well marked, and the points of diagnosis readily made out. The peculiarities of the exedens and non-exedens were also noted. The operation was a combination of the process of Volkmann, of multiple puncture, with that of Piffard, by the cautery.

The scab was first removed, and then a great number of small punctures made over the surface of the ulcer with a fine tenotome. The pulpy mass was then thoroughly scraped away with a sharp curette, followed by thorough cauterization with the Paquelin cautery. Iodoform was then sprinkled over the sore, and a moist bichloride dressing applied.

DECEMBER 8TH. AMPUTATION OF THE BREAST.

The case was one of an adenomatous tumor. The breast was removed by the elliptical incision, leaving the scar extending diagonally in the line from the top of the shoulder to the ensiform cartilage. The dissection was carried close into the axilla, in order that every trace of the disease might be thoroughly removed. The flaps were carefully approximated by leaden buttons and silk-worm gut; the superficial sutures were of cat-gut, and were very numerous. A glass drainage tube was placed at the axillary extremity of the wound, and a thick and completely antiseptic dressing applied. Professor Helmuth stated that he did not expect to dress the wound again.

DECEMBER 10TH. OPERATION FOR VARICOCELE, by Dr. W. T. Helmuth, Jr. The operation was that known as Henry's, which consists in the removal of the redundant tissue of the scrotum, which is thus transformed into a natural suspensory. This operation was first spoken of by Sir Astley Cooper, but was modified and developed by Henry, who devised a clamp to hold the scrotum and a pair of shears for the removal of the tissue. The clamp consists of parallel and curved plates brought together by screws, with a guard on the convex surface which can be removed at will. It is applied from the perineum to the root of the penis, the redundant tissue of the scrotum being drawn through between the jaws of the instrument and the clamps screwed tightly down. The tissue is then cut off along the guard with a pair of scissors. The guard is then removed, leaving space sufficient above the clamp for the introduction of the sutures. Three-button sutures should be introduced behind the clamp, and *not* drawn tight, as the parts are liable to swell. The object of these sutures is to approximate the walls of the scrotum. A continuous skin suture of carbolized cat-gut is then applied, making the stitches very close together, as there is some tendency to secondary hemorrhage. The dressing was carefully put on and was quite elaborate. The line of the wound was sprinkled with iodoform and a small pad of iodoform gauze applied. Over this was placed a *moist* bichloride dressing, extending up on to the abdomen and down on to the thighs, with a hole cut in it for the passage of the penis. Over this was placed oil silk, held in place by a bichloride gauze bandage; and over the whole crinoline bandages were applied. The crinoline bandage is put on wet, and as it becomes dry it hardens, until it sets nearly as firmly as the starch or dextrine bandage, thus preventing the slipping of the dressing, which often is troublesome. The advantage of this operation over those for ligation of the veins consists in the fact that in the latter there is always more or less danger of including the spermatic artery or the vas deferens in the ligature. It is a curious fact, and one that puzzled surgeons for a long time, that varicocele occurs much more frequently on the left than on the right side. It was supposed that the testicle was more dependent on the left side, and the vein was likely to be pressed upon by the loaded sigmoid flexure. It is more probably due to the fact that the right spermatic vein opens into the vena cava, and is furnished with valves to prevent downward pressure, whereas, the left spermatic vein enters the renal vein at right angles and has no valves. While the operation was being performed Professor Helmuth described the varied methods of ligation.

DECEMBER 12TH, SUPRA-VAGINAL HYSTERECTOMY.

This case was one in which Professor Helmuth had performed hysterorrhaphy two years

ago, for a complete retroflexion of the uterus. The uterus was lifted into position, and secured to the anterior abdominal wall with silver wires. The patient was at first relieved, but subsequently agonizing pain had rendered her bedridden, and she begged that something be done to relieve her. The operation was begun as an exploratory one.

The incision was made by the side of the former cicatrix down to the peritoneum. In cutting through the peritoneum the knife passed directly into the intestine, owing to strong adhesions which had taken place, either as a result of the former operation, or from plastic exudation consequent upon prolonged pelvic inflammation. The intestine was loosened from its adhesions, and from the uterus below, to which it had tightly adhered: was carefully washed, and the cut surfaces united by the Lembert suture, bringing together the serous surfaces. This occupied some little time. The parts were so matted together that the topography of the pelvic contents was lost. The uterus was quite difficult to get at owing to the extensive adhesions of the intestines around it. It was finally reached, however, and caught with a tenaculum and grasped with a Wilcox forceps. It was so degenerate, soft and purple that it was thought advisable to remove it, in fact at the fundus it appeared gangrenous. The adhesions were then broken up, and the fallopian tubes ligated and cut off. A Wilcox pin was then passed through the body of the uterus just above the vaginal junction, and an elastic ligature tied beneath it. The body of the uterus was then severed and the stump cauterized. The wound was sewed up with silver wire and a few cat-gut sutures, the stump being held outside. Before uniting the flaps the abdominal cavity was thoroughly irrigated with a hot 1–12,000 solution of corrosive sublimate. On December 15th, the patient was doing remarkably well, having a temperature of 100°.

DECEMBER 13TH. I. CIRCUMCISION.

Performed by Dr. W. T. Helmuth, Jr. A case of phimosis with extensive adhesions. The prepuce was removed, great care being taken to break up all adhesions. This patient showed many of the more severe reflex symptoms occasioned by phimosis,—chorea appeared imminent from the jerking and convulsive movements of the face and limbs.

II. SARCOMA OF THE TESTICLE.

Operation by Dr. W. T. Helmuth, Jr. A case of cysto-sarcoma of the right testicle. The patient had suffered severely for many months from feelings of weight and heaviness, with many symptoms of cystitis. An incision was made through the walls of the scrotum down to the testicle. In making this incision a cyst was opened and discharged a quantity of clear, straw-colored gelatinous fluid. The testicle was enucleated and the cord ligated—a double ligature of ovariotomy silk being passed through it and tied on each side, and a cat-gut ligature being placed around it below the other. The cord was then cut off and the stump cauterized. The wound was sewed up with button and skin sutures, and a glass drainage tube introduced. One end of the silk ligature was brought outside. The dressing was similar to the one described above in the case of varicocele. The removed mass was extremely hard, and when cut into showed here and there small cystic formations.

DECEMBER 15TH. OPERATION FOR LUPUS.

The ulcer was much larger than that already mentioned, and was situated upon the forehead, just above the right eye. It was about three inches in diameter, and in some places the bone was laid bare, even the periosteum being destroyed. The edges were raised and indurated, and here and there were seen bits of black scab. The case was brought to Helmuth House by Dr. Hoag, of Bridgeport. The sore first appeared about eight years ago; but, until about four years since, it did not appear to increase in size. Since then it has extended steadily. One year ago Dr. Hoag advised an operation, but the patient would not agree to it. At that time the ulcer had not destroyed the bone; nor had it extended beneath the orbital arch. At present it has destroyed the eyebrow, and has eaten into the upper lid and the cellular tissue in the roof of the orbit, the bony margin of the orbit

being carious along the top. The operation combined Volkmann and Piffard's methods, as already described, with the addition of the removal of all the diseased bone with the chisel and mallet. The sore was then filled with iodoform, and a dressing of moist bichloride gauze applied.

In all these operations at the Helmuth House the strictest attention is given to antisepsis, which is rigidly carried out in all its details by Dr. W. T. Helmuth, Jr., and Dr. Gwynn, the house surgeons. The limited number of students admitted to these operations gives every one present an opportunity of standing close by the table, and witnessing every detail of the operations from beginning to end.

A Trip to the Middletown Asylum.

TAKING advantage of the invitation of our thoughtful and genial Professor of Mental Diseases, Dr. S. H. Talcott, a few of the members of the Senior Class had the pleasure of visiting the State Homœopathic Asylum for the Insane, situated at Middletown, N. Y.

The party, consisting of Messrs. Best, Bunn, Laidlaw, Luce, Roberts, Schell and Sherman, left the Twenty-third street dock at 8.45, Saturday A.M., reaching Middletown at 11.15.

After being thoroughly shaken up by the rotatory motion of the cars and the pert remarks of the conductor, creating a wish for a bottle of cocculus, we arrived safely at our destination and started to perambulate about the streets of the city in search of the asylum.

To our surprise we soon found ourselves with our faces set toward New York, but on retracing our steps and ascending a short hill we came within sight of the magnificent buildings of the asylum, to which a short walk brought us.

We were very cordially received by Dr. Talcott, who, expecting at least a party of twelve, remarked that he thought the Class of '89 could not be noted for their love of travel.

After having the pleasure of meeting the medical assistants—Drs. Williamson, Kinney and Arthur—we were ushered into the dining-room, where a perfect feast had been prepared for us. We no longer wondered that all the people coming from Middletown look stout and happy, nor is it a bit surprising that Dr. Brownly, who appeared at one of Dr. Talcott's lectures, should have gained fifty-two pounds in a few weeks.

After doing ample justice to the bountiful repast, we repaired to the office and witnessed the dissection of a paretic brain.

Then we were shown through the institution in two parties, one being accompanied by Professor Talcott and Dr. Arthur, and the other by Drs. Williamson and Kinney. It would be folly to even attempt to describe all the points of interest that were seen in the trip through the different wards. Suffice it to say that we were shown many typical cases illustrative of the different phases of melancholia, mania, dementia and paresis, and by careful explanation of each individual case by the professor, it hardly seems possible that the impression made upon us will ever be effaced. To say the least, Professor Talcott is the right man in the right place, for one could not help but notice the pleasant manner in which the unfortunate inmates were treated.

The professor seemed to have the power to read the thoughts and wishes of each individual, and by happy remarks would leave the different patients in a more pleasant frame of mind than they were when we first saw them. Everything throughout the institution was in excellent and home-like order, showing that nothing was left undone that would be conducive to the comfort of those mentally eclipsed. After being so admirably entertained we returned to New York the happier and, I may safely say, the wiser for having been at Middletown. We can see why so many people hesitate to visit an insane asylum, but not why any one who intends to practice medicine can hope to treat cases of insanity successfully without a thorough knowledge of its different phases. And nowhere can this understanding be acquired more readily and satisfactorily than in cases as they actually exist. For this reason one visit to Middletown will teach more to the student than can be derived from many a book on the subject.

In Memoriam

DR. WILLIAM MADISON PRATT died on January 1, 1889, at his residence No. 699 Madison Avenue after an illness of eighteen months. His malady was interstitial nephritis.

Dr. Pratt was graduated from the New York Homœopathic Medical College in 1861. He was one of the best known Homœopathic physicians in this City. His contributions to our medical literature was small, in comparison to his ability to write, because he was a man too deeply absorbed in the daily duties of his busy professional life.

Dr. Pratt was the first president of the Alumni Association of the New York Homœopathic Medical College and for four years had been Alumnus Trustee of our College ; he was also a member of the New York County Homœopathic Medical Society and other medical societies.

His death is mourned by all who knew him for he was a true friend.

Notice of the Photographic Committee.

THE '89 Photograph Committee wish to make the following announcement: The class photographs will be taken by Pach Brothers, 841 Broadway, near Thirteenth street. The pictures will cost $3.00 per dozen, extra ones twenty-five cents each. Sittings can be made at any time, and the Committee urge upon the members of the class the necessity of doing so as soon as possible. Each man is requested to take at least one dozen pictures, these to be for private use. The exchanges will be made as follows: Each member of the class will be provided by Pach Brothers with a printed list containing the names of the members of the class and the members of the Faculty ; on this list he will note the names of those men of whom he wishes a separate picture, and the photographers will furnish the same for twenty-five cents each. Pach Brothers will make a group-picture of the Faculty when the four members who have not already done so have had a sitting. The time for taking the class group will be announced later.

Tracheotomy Under Difficulties.

E. ELMER KEELER, M.D., '86.

ALL students of the New York Homœopathic Medical College well remember our poetic professor of surgery telling us how tracheotomy *should be* performed and at the same time hinting that this operation, delicate under the most favorable circumstances, illustrated very nicely the differences between theory and practice. The operation *should be* performed in a well-lighted room, and under antiseptic precautions. The surgeon *should have* a corps of experienced assistants and the choice of all needed instruments. While in the case about to be recorded a smoky kerosene lamp lighted the way, and selected portions of an undergarment took the place of antiseptic gauze and sponges; a "Helmuth" pocket-case furnished the instruments, and frightened relatives were the assistants.

In the night of May 25, 1888, I was summoned to the bedside of little Mary A., æt 8, whom I found in a comatose condition. The explanation was given that while eating walnuts a particle had lodged in her throat, causing, of course, violent coughing, which, however, failed to expel the piece. There was sterterous breathing, in which the pectoral muscles were endeavoring to assist, and which grew rapidly slower and more labored. The radial pulse was entirely lost, the limbs were cold and clammy and the lips blue. Efforts were at once made to dislodge the particle from above with a long probe covered with absorbent cotton, but of no avail. Realizing that whatever was to be done must be done quickly, and being two miles from assistance, I determined to make the attempt to relieve the patient, knowing that death could but claim its victim a few moments sooner should I fail. I had no anæsthetic, and none was needed, for the brain was already so overpowered by carbonic acid poison that the patient did not feel the keen-edged scalpel.

Misty memories flitted through my brain of the different positions where the incision might be made, but I was not long left undecided, for I saw it must be made where I *could*.

The neck was short and plump, the thyroid cartilage undeveloped and when an attempt at inspiration was made the trachæ would apparently suddenly descend into the thorax.

However, I selected my sharpest knife and made an incision as nearly in the median line as possible. A torrent of blood followed my knife coming from the cyanosed venous trunks and stopping further operations for a number of moments, while I vainly endeavored to clear out the cut. At last realizing that this was impossible, I made another incision guiding my knife as well as possible with my fingers. I could feel nothing of the trachæ and see nothing of the bottom of the wound as it was filled with blood.

Again and again an incision was made downward where the trachæ *ought* to be and several times was I obliged to lengthen the original surface opening.

Suddenly a spurt of blood striking me full in the face, informed me that I had severed an artery, probably, the crico-thyroid and then followed an indefinite groping in the dark with the artery forceps. At last the end was found and torsion applied.

At length at the bottom of the wound I felt the round rings of the trachæ not much larger than a lead pencil. Then another vain endeavor to quell the hemorrhage followed, but as the heart showed that it was almost overcome by the immense blood pressure from the scanty pulmonary circulation I feared the child would die in my arms, unless air was speedily allowed to enter the lungs, so at last in desperation I secured the trachæ and with one sweep of my knife I made a longitudinal incision and pressing the lips of the wound open, as far as possible, I endeavored with pieces of cloth to keep the blood away from the opening. The air entered the lungs with a whistling sound and before a half dozen inspirations had been taken I found all the venous hemorrhage ceasing. As I could not hold the split rings of the trachæ apart indefinitely and had no tracheotomy tube I cast about for something to take its place. This I found in the base of a silver catheter, which I had filed off about two inches long.

This was held in place by stout pieces of twine tied firmly first about one-half inch from the outer end of the tube and then after the tube was in position passed around the child's neck and tied snugly behind. The tube being so small it had to be watched carefully and cleansed frequently. It, however, answered the purpose, and in the meantime a telegram was sent to New York city, and early the next morning this was replaced by a hard rubber tube of modern design.

Following the operation there was immediate and continuous improvement; the pulse soon became perceptible at the wrist; respiration became more natural, the cyanosis disappeared and about two hours after the operation the child became conscious.

Water was kept boiling in the room for sometime afterward and stimulus that had been given through the operation was continued for a number of hours. In a short time, however, she was able to swallow liquid nourishment and was soon sitting up, although not allowed to leave the room for over one week. There was so much œdema of the glottis that no attempt was made until the second day to remove the particle of nut that had caused all this trouble. Then a probe having a large ball of absorbent cotton on its end was passed from below upwards in the hopes of pushing out the particle. This, however, failed, and although frequently repeated, once under an anæsthetic, I was unable to dislodge the atom which was finally thrown out during a fit of coughing several days after the operation. The tube was then removed, the edges of the wound freshened, and adhesive plasters firmly applied. The wound healed readily and in about two weeks the patient was in perfect health.

I record this case hoping it may be the means of saving other lives than this one, by causing some physician who might hesitate either from lack of experience, courage or the necessary instruments from performing a like operation under similar circumstances. When Death claims a victim we should take any chance of robbing him of his prey.

I only regret being obliged to add that the child has since died The disease was Croupous

Pneumonia, death being caused by pulmonary œdema causing dyspnœa and suffocation the fifth day.

Points from Lectures.

DO N'T make a diagnosis if you can help it.

WE are bound to believe everything we hear.

LAWSON TAIT'S reason for his success in abdominal surgery. He takes particular care of his finger nails.

AN enthusiast introducing a new method of treatment can produce results impossible for any other physician to duplicate.

WHEN called to see a patient treat first, the friends of the patient; second, the relatives of the patient; third, the patient; fourth, the disease.

ALWAYS be charitable towards a fellow physician when you discover an apparent mistake. You might have made the same mistake under circumstances similar to those in which he made his. And you cannot tell how soon you may need his indulgence.

College Notes.

FOSTER, take off those shoes!

THE Hahnemannian Society can always count on one man two or three times. *Il est* Poole.

PROFESSOR DOWLING, JR., conducted an hour's quiz for his father recently.

IF you drop the tail-board of your mental wagon you will be apt to lose some of your cerebral baggage. PROFESSOR TALCOTT.

THE heretofore obnoxious odor which saturated the atmosphere of the College has suddenly left us—and so has Smith and his pipe.

CONSTERNATION has been caused in the ranks of the middle class by the announcement of the calling of the roll hereafter in Materia Medica.

DO N'T forget Professor Helmuth's address before the Sunday night Students' Meeting at the Metropolitan Opera House, on Sunday, February 10th, at 8 P. M.

PROFESSOR ALLEN will give a lecture before the February Meeting of the Hahnemannian Society on the advantages of Homœopathy. Every member ought to be present.

WORD has been received from Buffalo that a House Physician is needed for the new homœopathic hospital there. Application should be made to Dr. A. R. Wright, 166 Franklin street, Buffalo, New York.

THE engagement of Howard H. Hawxhurst, Wesleyan '88, now of the New York Homœopathic Medical College, to Miss Annie Elmer, daughter of State Attorney W. T. Elmer, of Middletown, Connecticut, has been announced. —*Wesleyan Argus.*

PROF. M. EMMONS PAINE, M.D., superintendent of the Westborough, Mass., Insane Hospital, and professor of Mental and Nervous Diseases in the Boston University, was an interested listener at one of Professor O'Connor's clinics a short time ago.

THE college year is more than half passed, and not a lisp of class dinners have we heard. It must be that New York board is more palatable than it was last year, else where is that craving that was wont to prevail in the past? Perhaps it was lost in the late discussion on prohibition.

THE Senior Class elections resulted as follows: For valedictorian at the college commencement, William Henry Bennett, A.M., of Fitchburg, Massachusetts; for class prophet at the final Hahnemannian exercises, George Watson Roberts, Ph.B., of Northampton, Massachusetts; for class poet, Walter Sands Mills, of New York city.

WE regret to announce the sickness of J. H. Bryan, '90, who lies ill at his home on Eighteenth Street, with scarlet fever. THE CHIRONIAN sends kind wishes and hopes for a speedy recovery. By the time this number is issued we trust to have him among us again, and to have heard his melodious voice in our halls once more.

AT the close of his lecture on Melancholia, Professor Talcott introduced to the class a clergyman just recovered from an eighteen

months' attack of that dread disease. This gentleman gave the class an idea of his feelings and sensations while ill. He told us that life never seemed so bright to him even, in his happiest days before sickness, as it did now.

PROF. in Anatomy: "Next, name the muscles attached to the greater and lesser tuberosities of the humerus."

Junior (in middle-class row, wearing glasses and an intelligent air): "Buccinator, Trapezius, Extensor Coccygeal, Sartorius, and one other which I can't recall." (Class heaves a sigh of relief.)

THE following despatch was sent from a Western Union office, on a night of the meeting of the Hahnemannian Society:

DEAR PA:

I have just been appointed quiz-master in Toxicology, and won't have to perform manual labor next Summer will I? "What a good boy am I?" Signed, YOUR OBEDIENT SON.

Professor of Materia Medica: "What sort of a headache does Nux Vomica cause?"

Middle Man No. 1: "Digestive headache."

Professor: "What is the peculiar symptom of the gelsemium chill?"

Middle Man No. 2: "Shaking."

Professor: "Next, rattle out some more symptoms."

Middle Man No. 3: "I 'm rattled out."

President Tuttle has lately made the following appointments to the Library committee:—George H. Iler, '90; G. F. Lightfoot, '91; A. E. Leach, '91; R. M. Andrew, '91. For the benefit of the Junior class we might add that the object of this committee is to build up our college library; to keep abreast of the times on all new publications as far as we are financially able, and to make this a ready reference room for all subscribers: thus giving everyone an excellent opportunity for collateral reading on all medical and scientific subjects. The Senior and Middle classes have subscribed generously for this end and it is hoped the Junior class will follow their good example. Suffice it to say that a dollar or more entrusted to the care of Messrs. Lightfoot, Leach or Andrew will be well invested in the upbuilding of the library.

AND it came to pass that the scribes of the three tribes, called Seniores, Middlemen and Recentes, came together, and the chief scribe said unto them, "Lo, and Pach owes us divers shekels, and wherefore shall we not have him make unto us our graven images, for our children and our children's children?" And the other scribes put their hands to their chins and said, "It is well. Therefore on such and such a day of the next moon let it be done." Now there was a certain scribe of the tribe called Middlemen who was very sad, for when he put his hand to his chin, behold! the beard grew not thereon. But he lifted not up his voice; nevertheless he took counsel with himself, saying, "Until such and such a time the razor shall be as a stranger to my face, for, verily, the sons of the tribe of Middlemen shall not be left." And it was so. Moreover, he bethought him and bought of a merchant for a penny a box of elixir. Thereupon, from that day his beard began to wax strong, and now, may it not be said of him, in the words of Frank the prophet, "The wind bloweth through his whiskers?"

Book Notices.

Headache and its Materia Medica. By B. F. UNDERWOOD, M. D. Published by A. L. Chatterton & Co., New York.

THIS is a work that should be found in the possession of every homœopathic physician, treating as it does of a subject the most prevalent, and very often the most stubborn to contend against that comes under the attention of the practitioner.

In this valuable work, after a classification and discussion of headaches, as to their causes, follows the remedies according to their frequency of use with an arrangement of symptoms under each remedy, both clear and concise. Finally, the work is more than paid for, in just the extremely handy and complete tables of drugs arranged according to type, position, aggravation, ameliorations, etc., etc., etc., of the headaches.